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272553056 Pg 7 Form **990** 

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

Inter	nal Revenue	Service I he organization may have to use a copy of this return to satisfy sta	te reporting requir	ements	inspection
<u>A</u>	For the 200	calendar year, or tax year beginning , and ending			
В	Check if applical	Luce Inc.		D Emplo	yer identification number
<i>,</i>	Address change	use IRS ASSOCIATION INC			
	Name change	print or Doing Business As	<del></del>	27-	2553056
X	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	one number
		See 16032 COUNTY ROAD 30	1	417	-246-5333
	Termination	Instruc- City or town, state or country, and ZIP + 4	ļ.	G Gross recei	pts\$ 55,968
	Amended return	tions. GOLDEN CITY MO 64748			
X	Application peni	ng F Name and address of principal officer		H(a) Is this a	group return for
	,,			affiliate: H(b) Are all a	
				include	d? Yes No
				If "No,"	attach a list (see instructions)
1	Tax-exempt	tatus X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or 527			
· _ <del></del>	Website ▶	N/A			exemption number
<u>₽</u>	Type of organiz	tion X Corporation Trust Association Other L	Year of formation 2	008	M State of legal domicile MO
59 <u>P</u>	art I	Summary			
€	1 Brief	y describe the organization's mission or most significant activities			
ه ت	S	E SCHEDULE O			
UE C					
로 8 E	2 Chec	k this box F if the organization discontinued its operations or disposed of more than	25% of its net ass	ets	
SCANNED DEC		per of voting members of the governing body (Part VI, line 1a)		3	9
<b>₹</b> %		per of independent voting members of the governing body (Part VI, line 1b)		4	9
		number of employees (Part V, line 2a)		5	
ਲੇ ਵੱ		number of volunteers (estimate if necessary)		6	
ď	1	gross unrelated business revenue from Part VIII, column (C), line 12		7a	<del></del>
		nrelated business taxable income from Form 990-T, line 34		7b	0
	D Net	melated business taxable income nom Form 950-1, inte 34	Prior Yea		Current Year
	8 Cont	ibutions and grants (Part VIII, line 1h)			21,152
Revenue		ram service revenue (Part VIII, line 2g)			
ver	1 -	tment income (Part VIII, column (A), lines 3, 4, and 7d)			260
Re	1				16,073
	1	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del></del>		37,485
_		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del>                                     </del>		5,705
		is and similar amounts paid (Part IX, column (A), lines 1–3)			3,703
		fits paid to or for members (Part IX, column (A), line 4)	•		
nses	L	ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)		-	
ens		ssional fundraising fees (Part IX, column (A), line 11e)		-	
Expe	b lota	fundraising expenses (Part IX, column (D), line 25) ▶		-	2 005
	1 11 0000	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			2,885
		expenses Add lines 13–17 (must equal Part IX, column (A) 10-25 VED			8,590
- 0		nue less expenses Subtract line 18 from line 12	Beginning of Curr	ront Your	28,895 End of Year
Net Assets or	20 Tota	101 NOV 7 7 2010 101	Deginning of Cur	Tent real	28,895
7886 Rafa	20 Tota	assets (Part X, line 16)			20,075
žĘ	21 10ta	liabilities (Part X, line 26)		0	28,895
		ssets or fund balances Subtract line 21 from line 20	<u> </u>	U <sub>1</sub>	20,093
_ <u>F</u>	Part II	Signature block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedul and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all I	es and statements, a nformation of which o	ind to the bes preparer has	st of my knowledge anv knowledge
٥.		Ct 1 ' 4 Y al 1-	•	·	
Sig	-	Digname d. 7 zette, Sect Treas		L	11-12-10
He	re	Signature of officer		Date	11-12-10
		Stephanie L. Fizette, Sec. /Treas.			11-12-10
		Type or print name and title			<del></del>
_	7	Preparer's Date	Check	ıf _	Preparer's identifying number (see instructions)
Pa			11/10 self- employ	red ▶	P01200782
	eparer's	Firm's name (or yours THE CPA GROUP, P.C.		EIN ▶	43-1797482
Us	e Only		Phone		
		if self-employed), address, and ZIP + 4 MONETT, MO 65708-2314		1	417-235-3650
Ma	v the IRS d	scuss this return with the preparer shown above? (see instructions)		1 110	Yes No
		et and Panerwork Reduction Act Notice, see the senarate instructions			Form <b>990</b> (2009)

Form 990 (2009) SOUTHWEST MISSOURI CATTLEMENS	<u> 27-2553056</u>	→ Page 2
Part III Statement of Program Service Accomplishments		
Briefly describe the organization's mission     SEE SCHEDULE O		<del>,</del>

S	EE SCHEDU	TE O								
	the prior Form 99	0 or 990-EZ?		services during the year which w	vere not listed on		Yes	X No		
	Did the organizat services?			cant changes in how it conducts,	any program		Yes	X No		
4										
E	(Code DUCATION CHOLARSH)		UBLIC AND	Including grants of \$ PRODUCERS THROUG	H PUBLIC	) (Revenue \$ ACTIVITIES,	TOURS	AND )		
						<u> </u>				
4b	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)		
4c	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)		
4d	Other program s (Expenses \$	ervices (Describe	e in Schedule O ) including gr	ants of \$	) (Revenue	\$	)			
-						·				

4e Total program service expenses ▶

<u>Pa</u>	ttiv Checklist of Required Schedules			
		$\longrightarrow$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
c	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
6	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
		6		x
_	complete Schedule D, Part I	-	-	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		. }	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		. i	
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	l i		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
40	•	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
00	If "Yes," complete Schedule G, Part III			X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		(2222)

## Part IV Checklist of Required Schedules (continued)

ļ <b>I</b> I				Yes	No
22 Dut the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX, coling (A), inc. 2 If "Yes," complete Schedule I, Parts I and III 2 Z X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer are such than the sections, flusteres, key employees, and highest compensated employees" If "Yes," complete Schedule I, Part I I 23 X X Y Line 2 S A 24 A X A S A S A S A S A S A S A S A S A S	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ŀ	163	10
22 Dut the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX, coling (A), inc. 2 If "Yes," complete Schedule I, Parts I and III 2 Z X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer are such than the sections, flusteres, key employees, and highest compensated employees" If "Yes," complete Schedule I, Part I I 23 X X Y Line 2 S A 24 A X A S A S A S A S A S A S A S A S A S		in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		х
United States on Part IX, column (A), into 2º II "Yes," complete Schedule I, Parts I and III  22 X  3 Did the organization answer "Yes" to Part VII, Section A), Into 3.4, or 6 should compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  3 Did the organization have at law excempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No," go to line 29 to 10 bit the organization missue and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  3 Did the organization marks any proceeds of fas-exempt bonds beyond a temporary period exception?  4 Did the organization and an an escrow account other than a refunding escrow at any time during the year?  5 Did the organization and as an "no behalf of" issuer for bonds outstanding at any time during the year?  5 Did the organization and as an "no behalf of" issuer for bonds outstanding at any time during the year?  5 Did the organization and the time degraged man excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  6 Dis the organization aware that the dragaged man excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25	22				
the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J but the organization have a lax-exempt bond save with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b bit the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24c bit the organization maintain an escrive account other than a refunding escrive at any time during the year of Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d bit the organization and \$501(c)(3) and \$501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I yes organization aware that it engaged in an excess benefit transaction with a disqualified person organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I yes with a singular provider a grant or often reported or any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part IV yes," complete Schedule L, Part IV yes, "complete Schedule L, Part IV yes," complete Schedule L, Part IV yes, "complete Schedule L, Part IV yes," complete Schedule I, Part IV yes, "complete Schedule I, Part IV yes," complete Schedule I, Part IV yes, "complete Schedule I, Part IV yes, "complete Schedule I, Part IV		United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
organization's current and former officiars, directors, trustees, key employees, and highest compensated employees's In'Yes, complete Schedule J. 23  X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the test day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 29  Did the organization markinal an activation account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  Did the organization markinal an activativa account other than a refunding escrive at any time during the year?  24d Did the organization and an an activativation of their than architiding escrive at any time during the year?  24d Did the organization and as an ano behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization and some that the transaction but the analysis of the second of the s	23				
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b brough 24d and complete Schedule K. If "No." go to line 25  24b Did the organization mind an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest and an on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 15 Is the organization aware that the negosed on an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 16 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 17 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 18 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 18 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV) 19 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part			23		х
s100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a	24a				
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Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I bis the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 250 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 251 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 271 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 272 X X A Armity member of accurate or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 273 X X A Armity member of accurate or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 274 X X X A Armity member of accurate or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 275 X X X X X X X X X X X X X X X X X X X	d				
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34 X  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			33		х
III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	34			İ	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35			34		х
Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			35		х
organization? If "Yes," complete Schedule R, Part V, line 2  36  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	36				
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		• • • • • • • • • • • • • • • • • • • •	36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37				
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		· · · · · · · · · · · · · · · · · · ·			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			37		Х
	38				
			38		x

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable			
	gaming (gambling) winnings to prize winners?	1	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
_	instructions)	d box			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ı by	3a		х
	this return?		3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other a	uithority	30		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account acc				
	account)?	anota.	4a		х
h	If "Yes," enter the name of the foreign country		, u		
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank			
	and Financial Accounts	•			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega				
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е			
	organization solicit any contributions that were not tax deductible?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
	and services provided to the payor?		7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S	_		
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	ersonai	7e		İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	_	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			
••	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	l I			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441		Ì	
	amounts due or received from them )	11b	1	ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a	<del>                                     </del>	<del>                                     </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Form	, <u>9</u> 90	(2009)
			- UII		(2003)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

500	tion A. Governing Body and Management	-				
Sec	tion A. Governing Body and Management				l v	Na.
10	Enter the number of voting members of the governing body	1 40	9	F	Yes	No
1a b	Enter the number of voting members that are independent	1a 1b	9	$\dashv$		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10		$\dashv$		
2	any other officer, director, trustee, or key employee?			2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			-		
3	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filad?		4	_	X
5	Did the organization make any significant changes to its organizational documents since the prior rollings was bid the organization become aware during the year of a material diversion of the organization's assets?	illeu.		5	<del>                                     </del>	X
6	Does the organization have members or stockholders?			6	x	
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			-		
'a	of the governing body?			7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			'S		
·	the year by the following					
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				<u> </u>	
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the li	ntern	al			
	venue Code.)		<b></b>			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.00	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			100		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			102		
	form?			11		х
11a						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	<b></b>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b	l	
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization ▶ STEPHANIE FIZETTE 16032 COUNTY ROAD	30				
G	OLDEN CITY MO 6474	18				

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Form 990 (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion (	(C	C) k all t	hat a	(vlaa	( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BEN FIZETTE PRESIDENT	2.00			х				0	0	
KELLY ESSARY										
VICE-PRESIDENT	2.00	_	<u> </u>	X	ļ	<u> </u>		0	0	
STEPHANIE FIZETTE			ĺ	- T				0	•	
SEC/TREAS	2.00	$\vdash$		X				0	0	(
		-								
						<u> </u>				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and Title	(B) Average hours per	$\vdash$	_	chec	C) k all t	that a		(D) Reportable compensation	(E) Reportable compensation		(F) stima moun	ted .	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org ar	othe npens from t ganiza nd rela aniza	r ation he ation ated	
														_
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		1		-		_		ļ						
	Total	]						<u> </u>				-		
2	Total number of individuals (in	-		_	thos	e lis	ted a	<u> </u>	re) who received more than	1 \$100,000 in	I			
	reportable compensation from						-						Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin	" complete Sche	dule	J for	suc	h inc	dividu	ıal	•			3		х
•	the organization and related of individual	rganizations gre	ater	than	\$15	0,00	0? If	"Ye	s," complete Schedule J fo	or such		4		х
5	Did any person listed on line 1 services rendered to the organ	nization? If "Yes,								or		5		х
<u>Sec</u>	ction B. Independent Contract  Complete this table for your fit compensation from the organ	ve highest comp	ensa	ated	ınde	pend	lent o	cont	ractors that received more	than \$100,000 of			-	
		(A) I business address							Descrip	(B) otion of services		Co	(C) npensat	ion
					· -			-				_		
								_					<u>-</u> .	
					_			-				-		
								1						
	Tatal assessment of the desired of the	apptractor (1)	. ــ المر			lier A	ad 1 -	 	no listed should what are	wod				
2	Total number of independent more than \$100,000 in compe		-	-			eu 10	- по	se listed above) who receiv	<del></del>		0	990	(200

Form 990 (2009) SOUTHWEST MISSOURI CATTLEMENS 27-2553056 Page 9 Part VIII Statement of Revenue (C) Unrelated business (A) (B) Related or (D) Revenue Total revenue exempt excluded from tax function revenue revenue under sections 512, 513, or 514 1a Federated campaigns b Membership dues 1b 6,371 c Fundraising events 1c 1d d Related organizations Contributions, gif e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 14,781 g Noncash contributions included in lines 1a-1f 21,152 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 260 260 other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental exps c Rental inc or (loss) ▶ d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 34,556 See Part IV, line 18 18,483 b Less direct expenses 16,073 16,073 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b

37,485

16,333

0

d All other revenue

Total. Add lines 11a–11d

Total Revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,705			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	4,000			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9					
10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,251			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
~~	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	MEALS	343			
b	SUPPLIES	291			
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,590			
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Form 990 (2009) **Balance Sheet** Part X (A) (B) End of year Beginning of year 28,895 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 28,895 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ |X| complete lines 27 through 29, and lines 33 and 34. 28,895 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 28,895 0 33 Total net assets or fund balances 33 0 28,895 34 Total liabilities and net assets/fund balances

Form 990 (2009)

Form	990 (2009) SOUTHWEST MISSOURI CATTLEMENS 27-2553056		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	,	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	[		
	the Single Audit Act and OMB Circular A-133?	3a		
	15 "May " did the experimence undergo the conjugad guids or cudita? If the experiment and not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Inspection

Open To Public

Department of the Treasury Internal Revenue Service SOUTHWEST MISSOURI CATTLEMENS Name of the organization

Employer identification number

ASSOCIATION INC					27-25550	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require				ered "Yes" to For	m 990, Part IV, lır	ne 17.
1 Indicate whether the organization raised funds through	h any of the following	ng activ	ities (	Check all that apply		
a Mail solicitations	e Solicitatio	n of noi	n-gove	ernment grants		
b Internet and email solicitations	f Solicitatio	n of gov	ernm/	ent grants		
c Phone solicitations	g 🗌 Special fu	ndraisii	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individual by in connection with	(includi profes	ng off	icers, directors, truste I fundraising services	es ?	Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization				ments under which the	e fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did raiser custo contr contrib	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	-	-				
	1	}				
		<u> </u>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

Schedule G (Form 990 or 990-EZ) 2009

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events APPLEBUTTER MAK 990PTVIII1C NONE (add col (a) through col (c)) (event type) (event type) (total number) 34,556 6,371 40,927 Gross receipts Less Charitable 6,371 6,371 contributions Gross revenue (line 1 34,556 34,556 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 18,483 18,483 Other direct expenses 18,483 Direct expense summary Add lines 4 through 9 in column (d) 16,073 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009		THWEST	MISSOURI	CATTLEMENS	27-2553056		Page 3	
							Yes	No
13	Indicate the percentage of gaming activity oper	rated in						
а	The organization's facility				13a %			
b	An outside facility				13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events boo							
	and records							
	Name >							
	Name P							
	Address ▶							
15a	Does the organization have a contract with a th	nird party from	whom the organiz	ation receives gaming				
	revenue?					15a		
b	If "Yes," enter the amount of gaming revenue r	-	=	\$	and the			
	amount of gaming revenue retained by the third							
С	If "Yes," enter name and address of the third p	arty						
	Name ►							
	Address ►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee		Independent cont	ractor				
17	Mandatory distributions							
а	Is the organization required under state law to	make charital	ble distributions fro	m the gaming proceeds to				
	retain the state gaming license?					17a	<b> </b>	<del> </del>
b	Enter the amount of distributions required under			xempt organizations or speni	l			
	in the organization's own exempt activities duri	ing the tax ye:	ar <b>▶</b> _\$			L	1.	L

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

Open to Pu Inspection

Name of the organization

SOUTHWEST MISSOURI CATTLEMENS ASSOCIATION INC

Employer identification number 27 – 2553056

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES SOUTHWEST CATTLEMEN'S ASSOCIATION EXISTS AS AN ORGANIZATION DEDICATED TO EDUCATE THE PUBLIC AND PRODUCERS IN THE AREAS OF PRODUCTION, WHOLESOMENESS, SUSTAINABLE PRACTICES. SAFE HANDLING PROTOCOLS OF CATTLE. AND TO ENGAGE IN COLLABORATIVE ACTIVITIES WITH STATE, REGIONAL, AND NATIONAL CATTLEMEN'S ASSOCIATIONS, AND WITH OTHER AGRICULTURAL PRODUCER GROUPS AND ASSOCIATIONS WITH A COMMON INTEREST. AS A RESULT OF THIS, WE HOLD MONTHLY MEETINGS THAT WE ALSO HOST AN ANNUAL FOCUS ON VARIOUS TOPICS OF BEEF CATTLE PRODUCTION. BEEF CATTLE FARM TOUR IN THE AREA AS AN EDUCATIONAL EVENT. IN ADDITION, THROUGHOUT THE YEAR, WE GRILL STEAKS FOR VARIOUS COMMUNITY FUNCTIONS AS A WAY TO PROMOTE BEEF TO THE PUBLIC AND AS A WAY TO RAISE FUNDS FOR EDUCATIONAL SCHOLARSHIPS THAT WE GRANT. WE ALSO SPEND SOME TIME IN JEFFERSON CITY VISITING WITH STATE LEGISLATORS ABOUT CURRENT ISSUES THAT AFFECT BEEF CATTLE PRODUCERS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BEN FIZETTE

STEPHANIE FIZETTE

PRESIDENT

SEC/TREAS

SPOUSE

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ANY PERSON, PARTNERSHIP OR CORPORATION ENGAGED IN THE PRODUCTION OR FEEDING

OF CATTLE IN MISSOURI AND INTERESTED IN FURTHERING THE PURPOSES OF THE

ASSOCIATION MAY BECOME A MEMBER. ANY PERSON, PARTNERSHIP OR CORPORATION,

REGARDLESS OF WHETHER OR NOT THEY ARE A PRODUCER MAY, AT THE DISCRETION OF

Page 2

Name of the organization

SOUTHWEST MISSOURI CATTLEMENS

Employer identification number

27-2553056

THE BOARD OF DIRECTORS, BE ACCEPTED AS AN ASSOCIATE MEMBER.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC